

RYLA Insurance form for students without insurance.

This form only needs to be filled out if the parents have no insurance.

Rotary International District 6360

I as a parent/s or legal guardian/s accept the responsibility for any medical expenses that may arise while _____

Name of attendee

is attending the Rotary Life Leadership Awards (RYLA) program.

Date of Camp Camp Location

I understand that this camp requires proof of medical insurance which I/we do not have and therefore cannot provide.

(Print name) Parent or Legal Guardian Date

(Print name) Parent or Legal Guardian Date

Signature

Signature

Subscribed and sworn to before me on this _____ day of _____ 2010.

(Print name) Notary Public Date

Signature

My Commission Expires: _____